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## REISSUE PATENT APPLICATION TRANSMITTAL

PTO



## Address to:

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Alexandria, VA 22313-1450

|  |                   |
|--|-------------------|
| Attorney Docket No.                            | ARC920000096US2   |
| First Named Inventor                           | Eric E. Fullerton |
| Original Patent Number                         | 6,391,430         |
| Original Patent Issue Date<br>(Month/Day/Year) | 05/21/2002        |
| Express Mail Label No.                         | ER265251445US     |

APPLICATION FOR REISSUE OF:  Utility Patent  Design Patent  Plant Patent  
(Check applicable box)

## APPLICATION ELEMENTS (37 CFR 1.173)

- Fee Transmittal Form (PTO/ SB/ 56)  
(Submit an original, and a duplicate for fee processing)
- Applicant claims small entity status. See 37 CFR 1.27.
- Specification and Claims in double column copy of patent format (amended, if appropriate)
- Drawing(s) (proposed amendments, if appropriate)
- Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Power of Attorney
- Original U.S. Patent currently assigned?  Yes  No  
(If Yes, check applicable box(es))
  - Written Consent of all Assignees (PTO/SB/53)
  - 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
- CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
- Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all of the following are necessary)
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i  CD-ROM (2 copies) or CD-R (2 copies); or
    - ii  paper
  - c.  Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

- Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
- Original U.S. Patent for surrender
- Ribboned Original Patent Grant
- Statement of Loss (PTO/SB/55)
- Foreign Priority Claim (35 U.S.C. 119) (if applicable)
- Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
- English Translation of Reissue Oath/Declaration (if applicable)
- Preliminary Amendment
- Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- Other: Offer to Surrender Original Patent (statement in preliminary amendment)

## 18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label  Correspondence address below

(Insert Customer No. or Attach bar code label here)

|         |  |           |              |     |
|---------|--|-----------|--------------|-----|
| Name    | Thomas R. Berthold   |           |              |     |
| Address | Hitachi Global Storage Technologies<br>5600 Cottle Road (NHGB/014-2) |           |              |     |
| City    | San Jose   | State     | CA           | Fax |
| Country | USA  | Telephone | 408-256-2179 |     |

|                   |                    |                                   |            |
|-------------------|--------------------|-----------------------------------|------------|
| NAME (Print/Type) | Thomas R. Berthold | Registration No. (Attorney/Agent) | 28,689     |
| Signature         | Thomas R. Berthold | Date                              | 07/29/2003 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
ARC920000096US2

## Claims as Filed - Part 1

| Claims in Patent                    |                                     | Number Filed in Reissue Application | (3) Number Extra | Small Entity |     | Other than a Small Entity |                |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------|--------------|-----|---------------------------|----------------|
|                                     |                                     |                                     |                  | Rate         | Fee | Rate                      | Fee            |
| (A) 14                              | Total Claims (37 CFR 1.16(j))       | (B) 14                              | ****0 =          | x \$ _____ = |     | or                        | x \$ 18 = 0.00 |
| (C) 2                               | Independent claims (37 CFR 1.16(i)) | (D) 2                               | * 0 =            | x \$ _____ = |     |                           | x \$ 84 = 0.00 |
| Basic Fee (37 CFR 1.16(h)) \$ _____ |                                     |                                     |                  |              |     | \$ 750.00                 |                |
| Total Filing Fee \$ _____           |                                     |                                     |                  |              | OR  | \$ 750.00                 |                |

## Claims as Amended - Part 2

|                                     | (1) Claims Remaining After Amendment |       | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity |           | Other than a Small Entity |      |
|-------------------------------------|--------------------------------------|-------|--|--------------------------|--------------|-----------|---------------------------|------|
|                                     |                                      |       |  |                          | Rate         | Fee       | Rate                      | Fee  |
| Total Claims (37 CFR 1.16(j))       | *** 14                               | MINUS | ** 14                                  | * = 0                    | x \$ _____ = |           | x \$ 18 = 0.00            | 0.00 |
| Independent Claims (37 CFR 1.16(i)) | *** 6                                | MINUS | ***** 3                                | = 3                      | x \$ _____ = |           |                           |      |
| Total Additional Fee \$ _____       |                                      |       |  |                          | OR           | \$ 256.00 |                           |      |

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account No. 502587 in the amount of 1006.00.  
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 502587.  
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ \_\_\_\_\_ to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

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07/29/2003

Date


  
Signature of Applicant, Attorney or Agent of Record

Thomas R. Berthold

Typed or printed name

**EXPRESS MAIL CERTIFICATE**

I hereby certify that the above paper/fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and is addressed to the Commissioner for Patents and Trademarks, Alexandria, VA 22313-1450.

"Express Mail" no.: ER265251445US

Date of Deposit: 07/29/03

Person mailing paper/fee: Susanne Cordova

Signature Susanne Cordova